## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

| The C/OH instruction G                              | uide explains how t             | o complete this form.      | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages fil<br>6  | ed:                   |
|---|---------------------------------|----------------------------|--|---|-----------------------|
| 3 CANDIDATE /<br>OFFICEHOLDER                       | MS / MRS / MR                   | FIRST<br>MARY              | K  |   | USE ONLY              |
| NAME  | NICKNAME                        | KELLEHER                   | SUFFIX   | Date Received<br>Received by Ellie Garcia<br>on Jan 2, 2025 at 2:49 |                       |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | ADDRESS / PO BOX;<br>7901 RANDC |                            | CITY, STATE: ZIP CODE<br>.WORTH TX 76120                                     | PM  |                       |
|   |                                 |                            | EXTENSION  |   |                       |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE               | AREA CODE<br>(817)              | PHONE NUMBER<br>880-5419   | EXTENSION  | Date Hand-delivered   | or Date Postmarked    |
| 6 CAMPAIGN<br>TREASURER                             | MS / MRS / MR                   | FIRST<br>LARRY             | м  | Date Processed  |                       |
| NAME  |                                 |                            |  | Date Processed  |                       |
|   | NICKNAME                        |                            | SUFFIX   | Date Imaged   |                       |
|   | STREET ADDRESS (1               | NO PO BOX PLEASE); APT / S | SUITE #; CITY:   | STATE;  | ZIP CODE              |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS                  |                                 | OL MILL RD.                | FT.WORTH   | ТХ  | 76120                 |
| (Residence or Business)                             |                                 |                            |  |   |                       |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                    | AREA CODE<br>(817)              | PHONE NUMBER               | EXTENSION  |   |                       |
|   | ( - / /                         |                            | <u> </u>   |   |                       |
| 9 REPORT TYPE                                       | January 15                      | 30th day before            | election Runoff  | 15th day at<br>treasurer a<br>(Officeholde                          |                       |
|   | July 15                         | 8th day before el          | ection Exceeded Modified<br>Reporting Limit                                  | Final Repo  | rt (Attach C/OH - FR) |
| 10 PERIOD   | Month                           | Day Year                   | Month  | Day Yea   | r                     |
| COVERED   | JUL                             | / 01 / 2024                | THROUGH DEC  | / 31 / 202  | .4                    |
| 11 ELECTION   | ELECTION DA                     | TE E                       | ELECTION TYP   | E   |                       |
|   |                                 | Primary                    | Runoff Other   |   |                       |
|   | Month Day                       | Year                       | Description  |   |                       |
|   | / /                             | General                    | Special  | <u></u>   |                       |
| 12 OFFICE   | OFFICE HELD (if any)            | <u>k</u> ,-                | 13 OFFICE SOUGHT (if know  | vn)   |                       |
|   |                                 | IRECTORS, TRW              |  |   |                       |
| 14 NOTICE FROM                                      | THE CANDIDATE / OFFIC           | CUALDED THERE EVOENNITHID  | S ACCEPTED OR POLITICAL EXPENDITURES<br>ES MAY HAVE BEEN MADE WITHOUT THE CA | NDIDATE'S OR OFFICEHO   | LDER'S KNOWLEDGE OR   |
| POLITICAL<br>COMMITTEE(S)                           | CONSENT. CANDIDATES             | AND OFFICEHOLDERS ARE REQU | JIRED TO REPORT THIS INFORMATION ONLY IF                                     | THEY RECEIVE NOTICE C   | IF SUCH EXPENDITURES. |
|   | COMMITTEE TYPE                  | COMMITTEE NAME             |  |   |                       |
| Additional Pages                                    | GENERAL                         | COMMITTEE ADDRESS          |  |   |                       |
|   |                                 | COMMITTEE CAMPAIGN TR      | EASURER NAME   |   |                       |
|   |                                 | COMMITTEE CAMPAIGN T       | REASURER ADDRESS   |   |                       |
|   | <u> </u>                        |                            |  |   | u                     |
| 1   |                                 | GO TO                      | PAGE 2   |   |                       |

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME                   | 1   | 6 Filer ID (Ethics Commission Filers)               |  |  |  |
|--------------------------------|---|---|--|--|--|
| 17 CONTRIBUTION<br>TOTALS      | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN<br>PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR<br>CONTRIBUTIONS MADE ELECTRONICALLY)     | \$  |  |  |  |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS<br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$  |  |  |  |
| EXPENDITURE<br>TOTALS          | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  |  |  |  |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | <sup>\$</sup> 96.00                                 |  |  |  |
| CONTRIBUTION<br>BALANCE        | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST<br>OF REPORTING PERIOD   | <sup>DAY</sup> <b>\$448.63</b>                      |  |  |  |
| OUTSTANDING<br>LOAN TOTALS     | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF<br>LAST DAY OF THE REPORTING PERIOD  | <sup>THE</sup> \$                                   |  |  |  |
|                                | wear, or affirm, under penalty of perjury, that the accompanying report is true a<br>quired to be reported by me under Title 15, Election Code. | and correct and includes all information            |  |  |  |
|                                | Mary K. Ku<br>Signature of Cano   | lidate or Officeholder                              |  |  |  |
|                                | Please complete either option below:  |   |  |  |  |
| (1) Affidavit                  |   |   |  |  |  |
| NOTARY STAMP/SEA               | L   |   |  |  |  |
| Sworn to and subscribed        | before me by this the   | day of,   |  |  |  |
| 20, to certify                 | which, witness my hand and seal of office.  |   |  |  |  |
| Signature of officer administe | ring oath Printed name of officer administering oath  | Title of officer administering oath                 |  |  |  |
|                                | OR  |   |  |  |  |
| (2) Unsworn Declarati          | on  |   |  |  |  |
| My name is MARY K.             | KELLEHER, and my date of birth is _   | · · · · · · · · · · · · · · · · · · ·               |  |  |  |
| My address is 7901 RA          |   | ······································              |  |  |  |
| Executed in TARRAN             |   | ate) (zip code) (country)<br>ARY, <sub>20</sub> _25 |  |  |  |
|                                | Mary Charles of   | ulup (year)   |  |  |  |
|                                | Signature of Candida  | te/Officeholder (Declarant)                         |  |  |  |

## SUBTOTALS - C/OH

#### FORM C/OH **COVER SHEET PG 3**

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9.

10.

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12. \_

| 19  | FILER N/          | ME   | 20 Filer ID (Ethics Cor | nmission Filers)    |
|-----|-------------------|--|-------------------------|---------------------|
| 21  |                   | LE SUBTOTALS<br>F SCHEDULE   |                         | SUBTOTAL<br>AMOUNT  |
| 1.  |                   | SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS                             |                         | \$                  |
| 2.  |                   | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS              |                         | \$                  |
| 3.  |                   | SCHEDULE B: PLEDGED CONTRIBUTIONS  |                         | \$                  |
| 4.  |                   | SCHEDULE E: LOANS  |                         | \$                  |
| 5.  | $\mathbf{\nabla}$ | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON              | ITRIBUTIONS             | <sup>\$</sup> 96.00 |
| 6.  |                   | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                 |                         | \$                  |
| 7.  |                   | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C               | CONTRIBUTIONS           | \$                  |
| 8.  |                   | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                            |                         | \$                  |
| 9.  |                   | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN                | DS                      | \$                  |
| 10. |                   | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A               | BUSINESS OF C/OH        | \$                  |
| 11. |                   | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO            | NTRIBUTIONS             | \$                  |
| 12. |                   | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT<br>TO FILER | IONS RETURNED           | \$                  |

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made  <br>Candidate/Officeholder/Politic<br>Credit Card Payment |                     | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide expla | Office Ove<br>Polling Ex<br>Printing E<br>Salaries/V | xpense<br>Vages/Contract Labor | Travel In District<br>Travel Out Of Distr | ipment & Related Expense |
|--|---------------------|--|--|--------------------------------|---|--------------------------|
| 1 Total pages Schedule F1<br>2   |                     | AME<br>K. KELLEHER   |  |                                | 3 Filer ID (Ethi                          | cs Commission Filers)    |
| 4 Date<br>07/01/2024   | 5 Payee n           |  |  |                                |   |                          |
| 6 Amount (\$)<br>16.00   | 7 Payee a<br>100 NO | <sup>ddress;</sup><br>RTH TRYON ST   |  |                                | <sub>State;</sub><br>TE NC                | Zip Code<br>28255        |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE  | _                   | ry (See Categories listed at the top of the NTING/BANKING  | his schedule)  | (b) Description<br>BANKING FEE | S   |                          |
|  | (c)                 | Check if travel outside of Texas. Complete   | e Schedule T.  | Check if Austi                 | n, TX, officeholder livir                 | ig expense               |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O   |                     | date / Officeholder name   |  | Office sought                  |   | Office held              |
| Date   | Payee n             | ame  |  |                                |   |                          |
| 08/01/2024   | BANK                | OF AMERICA   |  |                                |   |                          |
| Amount (\$)<br>16.00   | Payee a<br>100 NO   | <sup>ddress:</sup><br>RTH TRYON ST   |  | city;<br>CHARLOTT              | State;<br>E NC                            | Zip Code<br>28255        |
| PURPOSE<br>OF<br>EXPENDITURE   |                     | y (See Calegories listed at the top of thi<br>NTING/BANKING  | is schedule)   | Description<br>BANKING FEES    | 6   |                          |
|  |                     | Check if travel outside of Texas. Complete   | e Schedule T.  | Check if Austir                | n, TX, officeholder livin                 | g expense                |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O   |                     | late / Officeholder name   |  | Office sought                  |   | Office held              |
| Date   | Payee n             | ame  |  |                                |   |                          |
| 09/01/2024   | BANK O              | FAMERICA   |  |                                |   |                          |
| Amount (\$)<br>16.00   | Payee a<br>100 NC   | <sup>ddress;</sup><br>DRTH TRYON ST  | tan - πrikask  | city;<br>CHARLOTTE             | State;<br>NC                              | Zip Code<br>28255        |
| PURPOSE<br>OF<br>EXPENDITURE   |                     | (See Categories listed at the top of thi<br>NTING/BANKING  | s schedule)  | Description<br>BANKING FEI     | ES  |                          |
|  |                     | Check if travel outside of Texas. Complete   | e Schedule T.  | Check if Austin                | a. TX, officeholder livin                 | g expense                |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O   |                     | late / Officeholder name   |  | Office sought                  |   | Office held              |
|  | AT                  | TACH ADDITIONAL COPIE  | S OF THIS  | SCHEDULE AS NEE                | DED                                       |                          |
| Forms provided by Texas Etl  | hics Commiss        | ion www.eth  | nics.state.tx.u                                      | IS                             |   | Revised 1/1/2024         |

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made E<br>Candidate/Officeholder/Politic<br>Credit Card Payment |                     | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memonals Expense<br>Legal Services<br>The Instruction Guide expla | Office Ove<br>Poiling Ex<br>Printing E<br>Salaries/V | xpense<br>Vages/Contract Labor | Travel In District<br>Travel Out Of Dis | uipment & Related Expense |
|--|---------------------|---|--|--------------------------------|---|---------------------------|
| 1 Total pages Schedule F1:<br>2  |                     | AME<br>K. KELLEHER  |  |                                | 3 Filer ID (Eth                         | ics Commission Filers)    |
| 4 Date<br>10/01/2024   | 5 Payeen<br>BANK C  | <sup>ame</sup><br>DF AMERICA  |  |                                | l                                       | H                         |
| 6 Amount (\$)<br>16.00   | 7 Payee a<br>100 NO | <sup>ddress;</sup><br>RTH TRYON ST  |  | City;<br>CHARLOTTE             | State;<br>NC                            | Zip Code<br>28255         |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE  |                     | ry (See Categories listed at the top of th<br>NTING/BANKING   | iis schedule)  | (b) Description<br>BANKING FEI | ES                                      |                           |
|  | (c)                 | Check if travel outside of Texas. Complete  | Schedule T.  | Check if Au                    | stin, TX, officeholder liv              | ing expense               |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI  |                     | date / Officeholder name  |  | Office sought                  |   | Office held               |
| Date   | Payee n             | ame   |  | A                              |   |                           |
| 11/01/2024   | BANK                | OF AMERICA  |  |                                |   |                           |
| Amount (\$)<br>16.00   | Payee a<br>100 NO   | ddress;<br>RTH TRYON ST   |  | City;<br>CHARLOT               | <sup>State;</sup><br>ΓΕ ΝC              | Zip Code<br>28255         |
| PURPOSE<br>OF<br>EXPENDITURE   |                     | y (See Categories listed at the top of this<br>NTING/BANKING  | s schedułe)  | Description<br>BANKING FE      | ΞS                                      |                           |
|  |                     | Check if travel outside of Texas. Complete  | Schedule T.  | Check if Au                    | stin, TX, officeholder liv              | ing expense               |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF  |                     | late / Officeholder name  | <b>-</b>   | Office sought                  |   | Office held               |
| Date   | Payee n             | ame   |  |                                |   |                           |
| 12/01/2024   | BANK O              | F AMERICA   |  |                                |   |                           |
| Amount (\$)<br>16.00   | Payee a<br>100 NOF  | ddress;<br>RTH TRYON ST   |  | <sup>City;</sup><br>CHARLOTTE  | State;<br>NC                            | Zip Code<br>28255         |
| PURPOSE<br>OF<br>EXPENDITURE   |                     | / (See Categories listed at the top of this<br>NTING/BANKING  | schedule)  | Description<br>BANKING FE      | ES                                      |                           |
|  |                     | Check if travel outside of Texas. Complete  | Schedule T.  | Check if Aus                   | stin. TX, officeholder livi             | ng expense                |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF  |                     | late / Officeholder name  |  | Office sought                  |   | Office held               |
|  | AT                  | TACH ADDITIONAL COPIES  | S OF THIS  | SCHEDULE AS NE                 | EDED                                    |                           |

Forms provided by Texas Ethics Commission

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

# FORM C/OH - FR

|              | The Instruction Guide explains how to e<br>•• Complete only if "Report Type" on page 1  |   |
|--------------|---|---|
|              |   |   |
| C/OH         |   | 2 Filer ID (Ethics Commission Filers)   |
|              | (. KELLEHER<br>ATURE  |   |
| SIGN/        | ATURE   |   |
| design       | ot expect any further political contributions or political expenditures in<br>nating a report as a final report terminates my campaign treasurer app<br>algn contributions or make any campaign expenditures without a camp   | ointment. I also understand that I may not accept any   |
|              | RWHO IS NOT AN OFFICEHOLDER<br>mplete A & B below only if you are not an officeholder. ••   |   |
| Α.           | CAMPAIGN FUNDS  |   |
| Chec         | sk only one:  |   |
|              | I do not have unexpended contributions or unexpended interest or  | income earned from political contributions.   |
|              | I have unexpended contributions or unexpended interest or income<br>may not convert unexpended political contributions or unexpended<br>personal use. I also understand that I must file an annual report<br>unexpended contributions or unexpended interest or income earned<br>filing this final report. Further, I understand that I must dispose of u<br>interest or income earned on political contributions in accordance w | d interest or income earned on political contributions t<br>of unexpended contributions and that I may not retai<br>d on political contributions longer than six years after<br>inexpended political contributions and unexpended |
| В.           | ASSETS  |   |
| Chec         | sk only one:  |   |
|              | I do not retain assets purchased with political contributions or interest   | est or other income from political contributions.   |
|              | I do retain assets purchased with political contributions or interest o<br>that I may not convert assets purchased with political contributions<br>personal use. I also understand that I must dispose of assets purch<br>requirements of Election Code, § 254.204.   | or interest or other income from political contributions to   |
|              |   | Signature of Candidate  |
|              | EHOLDER<br>nplete this section only if you are an officeholder  |   |
| $\checkmark$ | I am aware that I remain subject to filing requirements applicable to an<br>file. I am also aware that I will be required to file reports of unexpende<br>an officeholder, I retain political contributions, interest or other income<br>political contributions or interest or other income from political contril   | d contributions if, after filing the last required report as from political contributions, or assets purchased with   |
|              | led by Texas Ethics Commission www.ethics.state.tx.us   |   |